

Work Order ID 110220

December-17-13 9:18:35 AM

\*110220\*

RUSH

Page 1

Item ID: D3027-7

D3027-7

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

6110220

Stop

\*NS2\*

Item Name: Clip

Start Date: 12/17/13

Start Qty: 20.00

\*20\*

Cust Item ID:

Required Date: 12/17/13

Req'd Qty: 20.00

\*20\*

Customer:

Reference:

Approvals:

Process Plan:

*AL*

Date:

*12/12/13*

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start

\*NR1\*

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

D3027

Rev B

100

FLOW WATER JET

0.00

\*100\*

Waterjet

Memo

0.00

FLOW CNC Waterjet

1-Cut as per Dwg D3027

\*\*\*NOTE GRAIN DIRECTION\*\*\*\*\*

Dwg Rev: *B*

Prog Rev: *D*

2-Deburr if necessary

*20 0 Ae 14.01.30*

110

QC2- Inspect parts off machine FAI/FAIB

0.00

\*110\*

QC

Memo

0.00

Quality Control

*20 0 Ae 14.01.30*

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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DQA: \_\_\_\_\_ Date: \_\_\_\_\_



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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
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# Work Order ID 110220

December-17-13 9:18:35 AM

\*110220\*

Page 3

Item ID: D3027-7 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Clip  
 Start Date: 12/17/13 Start Qty: 20.00 \*20\* Cust Item ID:  
 Required Date: 12/17/13 Req'd Qty: 20.00 \*20\* Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150	Chemical Conversion Coat per QSI005 4.1	0.00							
*150*	HandFinish	0.00				20		7614131	
	Hand Finishing								
160	QC3- Inspect Part Finish	0.00							
*160*	QC	0.00				20			
	Quality Control								
170	Identify as per dwg & Stock Location: 57023	0.00							
*170*	Packaging	0.00				20		14/01/37	
	Packaging								

DAS  
32  
9-89

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

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Work Order ID 110220

December-17-13 9:18:35 AM

\*110220\*

Page 4

Item ID: D3027-7

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Item Name: Clip

Stop \*NS2\*

Start Date: 12/17/13 Start Qty: 20.00

\*20\*

Cust Item ID:

Required Date: 12/17/13 Req'd Qty: 20.00

\*20\*

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

180

QC21- Final Inspection - Work Order Release

0.00

\*180\*

QC

Memo

0.00

Quality Control

ML5 14-02-03

ME  
14-1-31

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

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Work Order update only ☐

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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# Picklist Print

December-17-13 9:18:35 AM

Page 1

Work Order ID: 110220

Parent Item: D3027-7

Parent Item Name: Clip

Start Date: 12/17/13

Required Date: 12/17/13

Start Qty: 20.00

Required Qty: 20.00

Comments: IPP C05.10.07 Added forming step and Issue P/OKJ/JLM  
IPP Rev:B Now on WaterJet 08-12-08 JLM Verified By:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M2024T3S.050 2024-T3 .050 sheet		Purchased	No			100	sf	98.9987	0.024	<del>0.505264</del>		14.01.30	

Location

Loc Qty

Loc Code

MAT022

98.9987

124643

98.9987

124643 → .51

~~123293~~ →

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

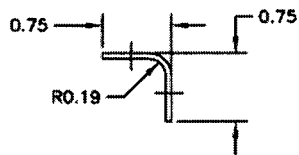
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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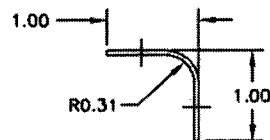
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CHECKED	<i>[Signature]</i>	APPROVED	<i>[Signature]</i>	DRAWING NO. D3027	REV. B SHEET 1 OF 2
DATE	05.09.20			TITLE CLIP	SCALE 1:2
A	01.05.18			NEW ISSUE	
B	05.09.20			REMOVE HOLES FROM -7	

RELEASED  
05.10.03 *[Signature]*

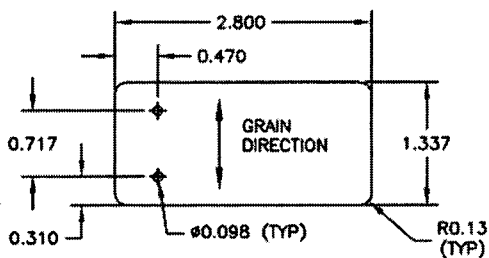
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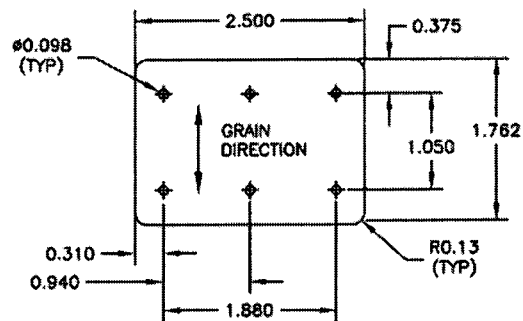
D3027-1 BEND DETAIL



D3027-3 BEND DETAIL



D3027-1 FLAT PATTERN  
(0.063" SHEET)



D3027-3 FLAT PATTERN  
(0.050" SHEET)

NOTES:

- 1) BREAK ALL UNMARKED SHARP CORNER 0.010 TO 0.020
- 2) MATERIAL: 2024-T3 (QQ-A-250/4)
- 3) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
- 4) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED

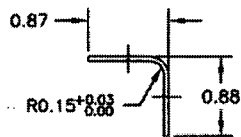
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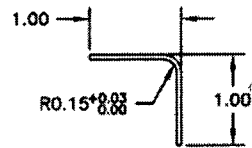


DESIGN RF	DRAWN BY CP	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED [Signature]	APPROVED [Signature]	DRAWING NO. D3027	REV. B SHEET 2 OF 2
DATE 05.09.20		TITLE CLIP	SCALE 1:2

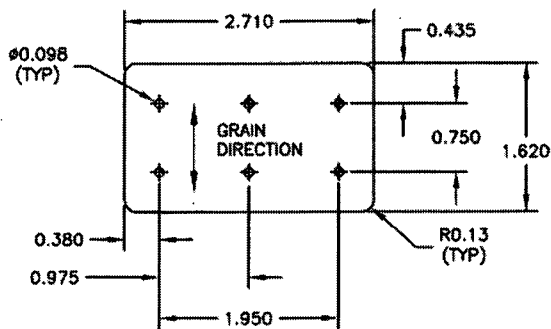
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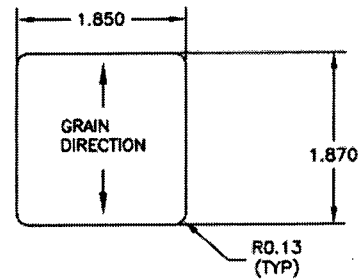
D3027-5 BEND DETAIL



D3027-7 BEND DETAIL



D3027-5 FLAT PATTERN  
(0.050" SHEET)



D3027-7 FLAT PATTERN  
(0.050" SHEET)

NOTES:

- 1) BREAK ALL UNMARKED SHARP CORNER 0.010 TO 0.020
- 2) MATERIAL: 2024-T3 (QQ-A-250/4)
- 3) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
- 4) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED

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